

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

JAN 27 2006

REGISTRAR OF VOTERS

Page 1 of 6

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2005
through 12/31/2005

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

96-2927

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

FRIENDS OF TOM WILSON

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jane K. Willet

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

1/30/2006

Date

Executed on

1/30/2006

Date

Executed on

Date

Executed on

Date

By

Jane K. Willet
Signature of Treasurer or Assistant Treasurer

By

Thomas Wilson
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Thomas W. Wilson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Supervisor - Orange County, 5th District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

Tom Wilson for State Assembly

I.D. NUMBER

1255419

NAME OF TREASURER

Jane K. Willet

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/05</u> through <u>12/31/05</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>6</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF TOM WILSON

I.D. NUMBER

96-2927

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
2. Loans Received Schedule B, Line 7	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>5,039.59</u>	\$ <u>9,016.33</u>
7. Loans Made Schedule H, Line 7	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>5,039.59</u>	\$ <u>9,016.33</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>5,039.59</u>	\$ <u>9,016.33</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>32,844.63</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>- 0 -</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>- 0 -</u>
15. Cash Payments Column A, Line 8 above	\$ <u>5,039.59</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>27,805.04</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>- 0 -</u>
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Cash Equivalents and Outstanding Debts

8. Cash Equivalents See instructions on reverse	\$ <u>- 0 -</u>
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>- 0 -</u>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/05</u> through <u>12/31/05</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>6</u> I.D. NUMBER 96-2927
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF TOM WILSON

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

XVP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
IL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
RND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
EG legal defenses	PRO professional services (legal, accounting)	VOT voter registration
IT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
See attached pages <u>5</u> thru <u>6</u> for itemizations of Sch E			

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>4,407.26</u>
Unitemized payments made this period of under \$100	\$ <u>632.33</u>
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>- 0 -</u>
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>5,039.59</u>

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 07/01/2005 thru 12/31/2005
Friends of Supervisor Tom Wilson - ID#962927

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Colleene Preciado - OC Probation Department [REDACTED] [REDACTED]	OFC		120.00
Steinberg & Associates [REDACTED] [REDACTED]	OFC	Countywide Survey	1200.00
Monarch Bay Rotary Club [REDACTED] [REDACTED]	CVC		100.00
Holly Veale [REDACTED] [REDACTED]	OFC	Vendor exceeding \$99.99 listed below:	330.34
Vendor: Cingular Wireless.....\$320.35 [REDACTED] [REDACTED]	OFC		
Jane Willet [REDACTED] [REDACTED]	PRO		600.00
Carolyn McInerney [REDACTED] [REDACTED]	OFC	No subvendor exceeding \$99.99	168.53
Arroyo Trabucco Golf Club [REDACTED] [REDACTED]	MTG		1102.59
SUBTOTAL:			3,621.46

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PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 07/01/2005 thru 12/31/2005

Friends of Supervisor Tom Wilson - ID#962927

NAME & ADDRESS OF PAYEE or CREDITOR
(If Committe, also enter I.D. number)

CODE

DESCRIPTION OF PAYMENT

AMOUNT PAID

Carolyn McInerney
[REDACTED]
[REDACTED]

OFC

Vendor exceeding \$99.99 listed below:

185.80

Vendor: Target.....\$109.91
[REDACTED]
[REDACTED]

OFC

Jane Willet
[REDACTED]
[REDACTED]

PRO

600.00

SUBTOTAL: 785.80